

🕁 ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

SRI PARVATHI OPTICS Multi Branded Opticals Store

Computerized Eve Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stope Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075, Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: Rana Krishma, R.

29/11/2023

Age / Gender Soy / H.

Mobil No:

Ref. No. TND -595219

70	RIGHT EYE				LEFT EYE			
	SPSE	CIL	AXIS	VESTON	SPII	CAT	AXB	YESHON
ANCE	Pom	(6)	192	6/6	Glos	(6)	100	6/6.
BUNCE	/ hora	(6)	04.	6/6	4100	0 (0)		1

Advice to use glasses for

☐ DISTANCE ☐ FAR & NEAR ☐ READING ☐ COMPUTER PURFOSI

We Care Your Eyes

SRI PARVATHI OPTICS NEW THIPPASANDRA



CLUMAX DIAGNOSTICS MEDALL HEALTHCARE PVT LTD CUSTOMER CHECKLIST

Patient Details Print Page

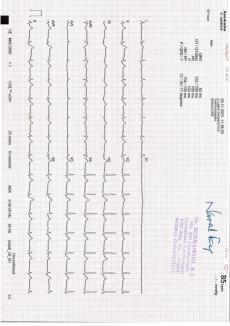


Print Date :29/11/2023 09:47 AM Customer Name : MR.RAMAKRISHNA R Ref Dr Name MediWheel

Custo	mer Id	: IND595219 V	sit ID :	42307	1386
		: 50Y/MALE PI	none No :	99454	78884
		sit Date :	Date : 29/11/2023		
Compa	any Name	; MediWheel			A Shirth
ackag	ge Name : F	dediwheel Full Body Health Check			
S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	The state of the s		
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING		10000	
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)		
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)		1000	
6	LAB	URIC ACID	-12		
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)		36.5	
9	LAB	TOTAL PROSTATE SPECIFIC ANTIGE	IN -		
10	LAB	THYROID PROFILE/ TFT(T3, T4, T5	H)		
11	LAB	URINE GLUCOSE - FASTING			
12	LAB	URINE GLUCOSE - POSTPRANDIAL Hrs)	(2	60.00	1000
13	LAB	COMPLETE BLOOD COUNT WITH ES	iR .		
14	LAB	STOOL ANALYSIS - ROUTINE			
15	LAB	URINE ROUTINE			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			74.3
18	ECG	ECG C	IND14349041138		-
19	OTHERS	Treptteril / 2D Echo	IND143490414690	-	deu
20	OTHERS	physical examination	IND143490415279	1	
21	US	ULTRASOUND ABDOMEN	IND143490415292		
22	OTHERS	Dental Consultation	IND143490416289		
23	OTHERS	EYE CHECKUP	IND143490417756	-	
24	X-RAY	X RAY CHEST	IND143490418659	-	-
25	OTHERS	Consultation Physician	IND143490418736		

WT = 97 BP = 133/169. Pulse - 93

(HARI.O)



PID No. : IND595219 Register On : 29/11/2023 9:47 AM : 423071386 SID No. **Collection On** : 29/11/2023 9:59 AM Age / Sex : 50 Year(s) / Male Report On : 29/11/2023 4:32 PM Type : OP

Printed On



Ref. Dr : MediWheel

Investigation HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.2	%	42 - 52
RBC Count (EDTA Blood)	4.57	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.1	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.29	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	57.9	%	40 - 75
Lymphocytes (EDTA Blood)	30.1	%	20 - 45
Eosinophils (EDTA Blood)	2.6	%	01 - 06
Monocytes (EDTA Blood)	8.4	%	01 - 10

: 30/11/2023 10:00 AM





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Basophils (Blood)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Pa	art cell counter. All	abnormal results are re	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.07	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.60	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.14	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.45	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood)	249	10^3 / μl	150 - 450
MPV (EDTA Blood)	7.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	8	mm/hr	< 15

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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	47.23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	54.26	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	184.61	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	89.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.47	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.56	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.91	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.57		1.1 - 2.2





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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	216.45	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	215.12	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	38.89	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	134.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	43	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	177.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.





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medall DIAGNOSTICS

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 125.5 mg/dL

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbAlC values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.





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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
-	<u>Value</u>		Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.21 ng/ml 0.7 - 2.04

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total 14.08 μg/dl 4.2 - 12.0

(Serum/ECLIA)

INTERPRETATION:

Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

μIU/mL 0.35 - 5.50TSH (Thyroid Stimulating Hormone) 4.60

(Serum/ECLIA)

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 3. Values&lt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





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-	Value		Reference Interval

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE **COMPLETE**)

(Urine)

Clear Appearance Clear

(Urine)

Volume(CLU) 20

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

рН 4.5 - 8.0 6

(Urine)

Specific Gravity 1.006 1.002 - 1.035

(Urine)

Negative Negative Ketone

(Urine)

Normal Normal Urobilinogen

(Urine)

Negative Negative Blood

(Urine)

Negative Negative **Nitrite**

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)

Negative Negative Glucose

(Urine/GOD - POD)





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (<u>URINE COMPLETE</u>)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

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INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine) NIL /hpf NIL (Urine) NIL (Urine)





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SID No.

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Observed Investigation <u>Unit</u> **Biological** Reference Interval <u>Value</u>

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'AB' 'Positive'

(EDTA Blood/Agglutination)





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Investigation BIOCHEMISTRY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BUN / Creatinine Ratio	5.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.37	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)
(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

114.22 mg/dL

70 - 140

(Plasma - PP/GOD-PAP)

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) 5.1 mg/dL 7.0 - 21 (Serum/Urease UV / derived)

Creatinine 0.86 mg/dL 0.9 - 1.3 (Serum/Modified Jaffe)

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid **8.60** mg/dL 3.5 - 7.2

(Serum/Enzymatic)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.246	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of

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INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within

PSA levels tend to increase in all men as they age. Clinical Utility of PSA:

an the early detection of Prostate cancer.

ČAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ðΓo detect cancer recurrence or disease progression.





Prostate: > 10.0

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-- End of Report --

Name	RAMAKRISHNA R	ID	IND595219
Age & Gender	50-Male	Visit Date	29-11-2023 16:32:21
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 3.0cms

LEFT ATRIUM : 3.7cms

AVS :----

LEFT VENTRICLE (DIASTOLE) : 4.7cms

(SYSTOLE) : 3.2cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

(SYSTOLE) : 1.3cms

POSTERIOR WALL (DIASTOLE) : 0.7cms

(SYSTOLE) : 1.4cms

EDV : 104ml
ESV : 40ml
FRACTIONAL SHORTENING : 33%

EJECTION FRACTION : 62%

EPSS :---

RVID : 1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : E' 0.77 m/s A' 0.64 m/s NO MR

AORTIC VALVE : 1.36 m/s NO AR

TRICUSPID VALVE : E' - m/s A' - m/s NO TR

PULMONARY VALVE : 0.96 m/s NO PR

^{1.}This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

^{2.} The results reported here in are subject to interpretation by qualified medical professionals only.

^{3.} Customer identities are accepted provided by the customer or their representative.

^{4.}information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

^{5.}If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

^{6.}Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt, the refrering doctor/patient can contact the respective section head of the laboratory.

^{7.}Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

^{8.}If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

^{9.}Liability is limited to the extend of amount billed.

 $^{10. \\} Reports are subject to interpretation in their entirety, partial or selective interpretation may lead to false opinion.$

^{11.}Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	RAMAKRISHNA R	ID	IND595219
Age & Gender	50-Male	Visit Date	29-11-2023 16:32:21
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.

No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- ➤ NORMAL LV SYSTOLIC FUNCTION. EF:62 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE

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Age & Gender	50-Male	Visit Date	29-11-2023 16:32:21
Ref Doctor Name	MediWheel		

Kss/da

Note:

- * Report to be interpreted by qualified medical professional.
- * To be correlated with other clinical findings.
- * Parameters may be subjected to inter and intra observer variations.
- * Any discrepancy in reports due to typing errors should be corrected as soon as possible.

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- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	RAMAKRISHNA R	ID	IND595219
Age & Gender	50-50-Male	Visit Date	29-11-2023 16:32:21
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.3	1.2
Left Kidney	11.3	1.7

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

Prevoid: 668cc Postvoid residue: 42cc

PROSTATE shows normal shape, size and echopattern. It measures 3.4 x 3.4 x 3.0cms (Vol:18cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

DR. APARNA CONSULTANT RADIOLOGIST

A/vp

- 1.This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3. Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
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Name	RAMAKRISHNA R	ID	IND595219
Age & Gender	50-50-Male	Visit Date	29-11-2023 16:32:21
Ref Doctor Name	MediWheel		

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Name	Mr. RAMAKRISHNA R	ID	IND595219
Age & Gender	50Y/M	Visit Date	Nov 29 2023 9:47AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.

DR. APARNA

CONSULTANT RADIOLOGIST